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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/561,651
Filing Date	December 16, 2005
First Named Inventor	Evelyn Nichols
Art Unit	3694
Examiner Name	Scott S. Trotter
Attorney Docket Number	21546.0119

To: Commissioner for Patents  
P.O. Box 1456  
Alexandria, VA 22313-1456

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s), or
- ☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)                |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input checked="" type="checkbox"/> 10.40(c)(2)            | <input type="checkbox"/> 10.40(c)(3)                |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below. |   |

## **Certifications**

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☐ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

I cannot locate the client (Evelyn Nichols) and can no longer communicate with the client. The client's telephone number has been disconnected, mail comes back returned, and e-mails go unanswered.

(Page 1 of 2)

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit for the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1456, Alexandria, VA 22313-1456. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1456.

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number \_\_\_\_\_

OR

B. ☒ Inventor or  
Assignee name Evelyn Nichols

Address 1111 E. Madison #292

City Seattle State WA Zip 98122 Country USA

Telephone 800-506-7553 Email manalic@comcast.net

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name David M. Ostfeld Registration No. 27,827

Address 1401 McKinney Street, Suite 2200

City Houston State TX Zip 77010 Country USA

Date April 6, 2010 Telephone No. 713 951.5605

*NOTE: Withdrawal is effective when approved rather than when received.*

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